

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 583684

FILING DATE

6/19/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	2					
4	2					
5						
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22						
23						
24						
25	1		1			
26						
27	1					
28						
29						
30	3	1				
31	1		1			
32	1					
33	1					
34	3					
35	3					
36	1		1			
37	1		1			
38	1		1			
39	1					
40	1		1			
41						
42						
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48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			27			
TOTAL CLAIMS			33			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						